

1997

MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 100

Registered No. 94

ARIZONA

1. PLACE OF DEATH Graham State ARIZONA
County Safford or Village Safford St. 2 Ward 2
Township Safford No. 30
City Safford (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? 30 yrs. mos. ds.
2. FULL NAME Mary E. Jensen How long in State when death occurred? 30 yrs. mos. ds.
(a) Residence: No. Safford, Ariz. St. 2 Ward 2 (If non-resident, give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widow

5a. If married, widowed, or divorced, name of HUSBAND or WIFE of Jensen

6. DATE OF BIRTH (month, day, and year) Oct 17 1863

7. AGE Years 71 Months — Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Utah
(state or country)

13. NAME Jessie J. Cook

14. BIRTHPLACE (city or town) Canada
(State or country)

15. MAIDEN NAME Mary Mariak

16. BIRTHPLACE (city or town) Miller C. Cook
(State or country)

17. INFORMANT Sarah Jensen
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Safford, Ariz. Date Oct. 18, 1934

19. UNDERTAKER W. E. Rawson
(Address)

20. Filed Nov 7, 1934 Registrar J. P. Patton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 17, 1934
22. I HEREBY CERTIFY, That I attended deceased from 1932 to Oct 17, 1934

Last saw her alive on Oct 15, 1934 death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows: Carcinoma of face. Date of Onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Althausen M. D.
(Signed) Safford, Ariz.
(Address)